

U.S. ARMY JAPAN OPERATIONAL SUPPORT AIRLIFT (OSA) REQUEST

1a. DATE	1b. UNIT /SECTION TO BE SUPPORTED	1c. UIC
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2. MISSION						
Date	Departure	Departure Local Time		Destination	Arrival Local Time	
		Required	Earliest		Desired	Required

Earliest departure time is the earliest time the passengers can be available for departure and must be a minimum of two hours prior to requested departure time. Desired arrival time must be a minimum of two hours before required arrival time (IAW AR 95 - 1). If the time constraints preclude the two hour " window", explain below. All priority 3 missions will have a two hour window.

3. a. Aircraft Type	<input type="checkbox"/> Fixed - wing	<input type="checkbox"/> Rotary - wing
b. Mission purpose and why times can not be altered. (List specific task to be accomplished, times and locations.)		

4. COMMERCIAL AIR SCHEDULE AND TOTAL COST					
Date	Airline & Flight No.	Departure Airport and Time	Destination Airport and	No. of	Total Cost

5. Priority 2 justification or why commercial air is not reasonably available to effectively accomplish the mission.

6. PASSENGER MANIFEST (Attach additional sheet if needed)						
Name	Rank	SSN	Indiv Weight	Bag Weight	Unit	Phone

7. POINT OF CONTACT				
	Departure	Destination		
a. Name				
b. Duty Telephone No.				
c. After Duty Telephone No.				
Note : The listed individual(s) must be able to contact passengers before departure and after arrival. In the event of aircraft / weather problems, the aviation unit will notify the respective POC of any delay or cancellation.				
8. CARGO TYPE	Type			
9. LARGEST HEAVIEST ITEM				
Length	Height	Width	Weight	
a. Cargo handlers will be provided at departure and arrival location to on and off load cargo : <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA				
b. Special cargo certification / handling have been met : <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA				
10. PRIORITY - SELECT THE APPROPRIATE STATEMENT THAT APPLIES TO YOUR MISSION				
PRI 1	The undersigned certifies that the requested airlift is in direct support of operational forces engaged in a contingency operation directed by the National Command Authorities or for emergency lifesaving purposes.			
PRI 2	The undersigned certifies that the requested airlift requirements include compelling operational considerations that make commercial transportation unacceptable. It is further certified that commercial travel schedules have been checked and will not meet the requester's travel requirements.			
PRI 3	The undersigned certifies that the requested mission is an official business airlift which can be shown to be more cost effective than commercial air when supported by military aircraft.			
11. SIGNATURES				
a. REQUESTING OFFICIAL				
Name, Rank, and Title	Phone	Unit	Signature	Date
b. SENIOR TRAVELER : The mission is for an official purpose, the justification is accurate and complete, and the request meets all travel policy requirements. <i>Signature may not be delegated.</i>				
Name, Rank, and Title	Phone	Unit	Signature	Date
c. AUTHORIZING OFFICIAL				
Name, Rank, and Title	Phone	Unit	Signature	Date
12. VALIDATOR				
a. <input type="checkbox"/> OSA <input type="checkbox"/> Operational <input type="checkbox"/> Required use <input type="checkbox"/> Special				
b. Mission Status <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved - Cancellation / Regret Code: _____				
<input type="checkbox"/> Approved with Modification				
c. PUJC CODE	Code	Validator's Signature / Unit / Phone		Date
d. Validator's Comments:				
13. <input type="checkbox"/> Forward Presence <input type="checkbox"/> Bilateral Coordination <input type="checkbox"/> Joint Operations <input type="checkbox"/> Installation Management				